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## BIB DATA SHEET

CONFIRMATION NO. 9640

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/535,746	05/20/2005	536	1657	701039-055264	
<b>APPLICANTS</b> Judah Folkman, Brookline, MA; Giannoula Klement, Boston, MA;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US05/14210 04/26/2005 * which claims benefit of 60/565,286 04/26/2004 and claims benefit of 60/598,387 08/02/2004 and claims benefit of 60/609,692 09/13/2004 and claims benefit of 60/633,027 12/03/2004 and claims benefit of 60/633,613 12/06/2004 (*)Data provided by applicant is not consistent with PTO records.					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 06/05/2006					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /AMANDA P WOOD/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance APW Initials	<b>STATE OR COUNTRY</b>  MA	<b>SHEETS DRAWINGS</b>  0	<b>TOTAL CLAIMS</b>  10	<b>INDEPENDENT CLAIMS</b>  2
<b>ADDRESS</b>  DAVID S. RESNICK 100 SUMMER STREET NIXON PEABODY LLP BOSTON, MA 02110-2131 UNITED STATES					
<b>TITLE</b>  Platelet biomarkers for the detection of disease					
<b>FILING FEE RECEIVED</b>  490	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	